

MAY 05 2023

RECEIVED



STATE OF MARYLAND
STATE HIGHER EDUCATION LABOR RELATIONS BOARD
CERTIFICATION PETITION

COMAR 14.30.04.01, et seq.

45 Calvert Street, Room 102
Annapolis, MD 21401
Telephone: (410) 260-7291
Fax: (410) 267-7014

Complete Sections 1 through 6. Please type or clearly print.
See instructions on back.

DO NOT WRITE IN THIS SPACECASE NO. **SHEL RB EL 2023 -01**DATE FILED: **5/5/2023****1. STATE EMPLOYER**

Full Name

Anne Arundel Community College

County

Address of Employer (Street and Number, City, State and Zip Code):

**101 College Pkwy, Arnold
MD 21012**

Name and Title of Representative to Contact:

Telephone No.

Attorney/Consultant Representing State Employer (if any):

Attorney/Consultant Address (Street and Number, City, State and Zip Code):

Telephone No.

2. PETITIONER

Full Name:

Service Employees International Union, Local 500

Address of Petitioner (Street and Number, City, State and Zip Code):

**901 Russell Ave
Gaithersburg, MD 20879**

Name and Title of Representative to Contact:

Telephone No.

Anne McLean**240
731 4638**

Attorney/Consultant Representing Petitioner (if any):

Attorney/Consultant Address (Street and Number, City, State and Zip Code):

Telephone No.

3. CURRENT MAJORITY ORGANIZATION

Full Name:

None

Expiration Date of any existing contract

Address of Majority Organization (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone No.

Attorney/Consultant Representing Majority Organization (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.
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4. EMPLOYEE ORGANIZATION(S) OTHER THAN THE CURRENT MAJORITY ORGANIZATION WHICH MAY HAVE AN INTEREST IN THIS PETITION *(Attach additional sheets if necessary)*

Organization Name: <u>Unknown</u> AAA	Organization Address (Street and Number, City, State and Zip Code):
Person to Contact and Title:	Telephone No.

5. PETITION FOR CERTIFICATION *(Check appropriate box(es). See instructions on back)*

Description of the unit to be certified:	Number of employees in unit: <u>221</u>
Included: <u>All part-time faculty</u>	
Excluded: <u>All other employees</u>	

6. DECLARATION

Name of Petitioner: Anne McLeer, SEIU Local 500

I declare that I have read the above petition and that, understanding the penalties of perjury, the information is true, based upon knowledge, information, and belief.

By Anne McLeer Director of Organizing Date: 5/5/23
 (Signature of Authorized Representative) (Title)